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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	SPOLTORE, MICHAEL THOMAS
Title	BUILDING OCCUPANT LOCATION ...
Art Unit	
Examiner Name	
Attorney Docket Number	H0006017-0555

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
JOHN F. BENINATI	40,510
ROBERT S. SMITH	24,681
JOSEPH P. ABATE	30238

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	HONEYWELL INTERNATIONAL, INC.			
Address	LAW DEPARTMENT				
Address	101 COLUMBIA ROAD				
City	MORRISTOWN	State	NJ	Zip	07692
Country					
Telephone			Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT S. ADONALO		
Signature	<i>Robert S. Adonal</i>		
Date	12/16/03	Telephone	516-921-6704

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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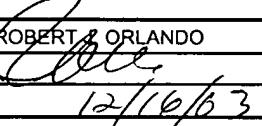
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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT S. ORLANDO
Signature	
Date	12/16/03
Telephone	631 981 1561

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Attorney Docket Number	H0006017-0555

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The address associated with Customer Number:

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MICHAEL T. SPOLTORE		
Signature	<i>Mal T. Spoltore</i>		
Date	12/16/02	Telephone	516 285-1902

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration
Submitted
With Initial
Filing**OR**Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	Docket No. H0006017-0555
First Named Inventor	SPOLTORE, MICHAEL THOMAS
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BUILDING OCCUPANT LOCATION
AND FIRE DETECTION SYSTEM**

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name
HONEYWELL INTERNATIONAL, INC.

Address
LAW DEPARTMENT; 101 COLUMBIA ROAD

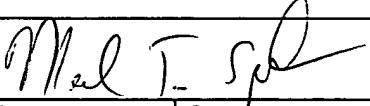
City MORRISTOWN	State NJ	ZIP 07692
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Country USA	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	-------------------------------------------------------------------------------

Given Name (first and middle [if any]) MICHAEL THOMAS	Family Name or Surname SPOLTORE
-------------------------------------------------------------	------------------------------------

Inventor's Signature 	Date 12/16/03
------------------------------------------------------------------------------------------------------------	------------------

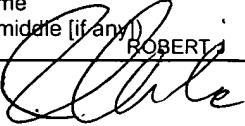
Residence: City VALLEY STREAM	State NY	Country USA	Citizenship USA
----------------------------------	-------------	----------------	--------------------

Mailing Address
27 ORCHARD PLACE

City VALLEY STREAM	State NY	ZIP 11580	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	-------------------------------------------------------------------------------

Given Name (first and middle [if any]) ROBERT	Family Name or Surname ORLANDO
-----------------------------------------------------	-----------------------------------

Inventor's Signature 	Date 12/16/03
-------------------------------------------------------------------------------------------------------------	------------------

Residence: City NESCONSET	State NY	Country USA	Citizenship USA
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Mailing Address
103 EKLUND BLVD.

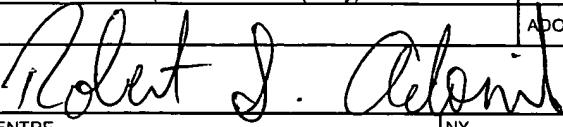
City NESCONSET	State NY	ZIP 11767	Country
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Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT S. 		ADONAILO	
Inventor's Signature		Date 12/16/03	
ROCKVILLE CENTRE Residence: City	NY State	USA Country	USA Citizenship
525 N. VILLAGE AVENUE Mailing Address			
Mailing Address			
ROCKVILLE CENTRE City	NY State	11570 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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